

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SAPERE CTA FUND, L.P.

PLAINTIFF(S)

Case No.  
11 CV 9114

vs.

JON S. CORZINE, ET AL

DEFENDANT(S)

SERVICE DOCUMENTS:  
SUMMONS & COMPLAINT

The undersigned, being first duly sworn, on oath deposes and says: That s(he) is now and at all times herein mentioned was a citizen of the United States, over the age of eighteen, not an officer of a plaintiff corporation, not a party to nor interested in the above entitled action, and is competent to be a witness therein.

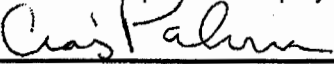
On **Dec 28, 2011**, at **2:30 PM**, I served the above described documents upon **CHRISTINE SERWINSKI** as shown below:

Affiant states s(he) **POSTED SERVICE** by leaving a true and correct copy of the documents in a conspicuous manner as to be seen on the front door of the residence or entrance of the building and also by sending a copy in a sealed envelope with postage fully prepaid, on **12/29/2011**.

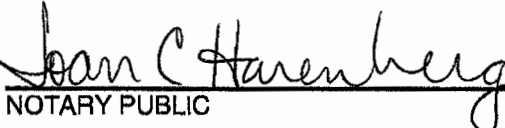
Said service was effected at **1106 DUXBURY LANE #B1, SCHAUMBURG, IL 60193**.

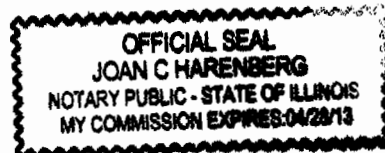
**DESCRIPTION:** Gender: Race: Age: Hgt: " Wgt: Hair: Glasses: **NO**

I declare under penalties of perjury that the information contained herein is true and correct.

  
\_\_\_\_\_  
**Craig Palmer, Lic #: 117-001119**  
**Judicial Attorney Services, Inc.**  
**2100 Manchester Rd., Ste 505**  
**Wheaton, IL 60187**  
**(630) 221-9007**

SUBSCRIBED AND SWORN to before me this 29th day of December, 2011

  
\_\_\_\_\_  
**NOTARY PUBLIC**



CLIENT NAME:  
**Ford Marrin Esposito Witmeyer & Gieser, L.L.P.\***  
FILE #:

ORIGINAL PROOF OF SERVICE

TRACKING #  
75558

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Christine Serwinski  
1106 Duxbury Ln. # B1  
Schaumburg, IL 60193

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*Christine Serwinski*

☐ Agent☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

1-4-12

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

## 3. Service Type 8

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service)

7009 3410 0001 2746 0521